

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						
115						
116						
117		1				
118		3				
119		3				
120		3				
121		3				
122		3				
123		3				
124		3				
125		3				
126		3				
127		3				
128		3				
129		3				
130		3				
131		3				
132		3				
133		3				
134		3				
135		3				
136	1					
37						
38						
39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	168					
TOTAL CLAIMS	172					

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57						
58						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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FEE CALCULATION SHEET**

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4						
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48	/					
49	/					
50	/					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND		DEP		IND		DEP		IND		DEP	
	51	52	53	54	55	56	57	58	59	60	61	62
63												
64												
65												
66												
67												
68												
69												
70												
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97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												